



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

STATE OF GEORGIA
CLINICAL LABORATORY LICENSE

This is to certify that a license is hereby granted to

BAKOTIC PATHOLOGY ASSOCIATES

(Name of Governing Body)

to maintain and operate a Clinical Laboratory located at

6240 SHILOH ROAD; ALPHARETTA, GA 30005

(Address)

named as

BAKO PATHOLOGY SERVICES

(Name of Facility)

Pursuant to the terms of the Georgia Clinical Laboratory Licensure Law (Georgia Laws of 1970, p. 531 as amended), the above named facility is hereby licensed to function as a clinical laboratory, at address shown, for purposes of performing tests in the following categories or subcategories of procedures:

MICROBIOLOGY - BACTERIOLOGY I, BACTERIOLOGY II, MYCOLOGY I, MYCOLOGY II
PATHOLOGY - EXFOLIATIVE CYTOLOGY, ANATOMIC PATHOLOGY

This license is effective and remains in effect unless revoked or suspended. This permit is granted pursuant to the authority vested in the Department of Community Health, official code of Georgia, Title 31, Chapter 5, and signifies that the provider complies with the Rules and Regulations of the Department of Community Health on the date this license was issued.

Laboratory Director:

SCOTT ACKER

License number:

060-339

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

This license is not transferable

HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon, Division Chief